

## **Section 5: Linkages and Coordination**

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Individuals at high risk of becoming HIV-infected often face a complex set of issues and concerns that may seem unrelated to the risk of infection, including substance abuse, mental health issues, homelessness, poverty, immigration issues, and unemployment. These needs must be addressed before an individual can begin behavior change that reduces the risk for HIV infection.

Because HIV prevention providers are not able to address and meet all client needs within their own programs, the District must have in place a system of coordination and linkages among programs and services. A crucial component of linkages among programs is the ability to make referrals to needed services outside the scope of what providers can offer in their own programs.

In addition, it is important to have a confidential and standardized system in place in order to track and evaluate referrals for services. HIV prevention providers should follow District guidelines for reporting and tracking referrals in order to measure referral outcomes.

Different programs, agencies and staff can work together to effectively provide more comprehensive, resource efficient and effective services for the community. In addition to referrals, linkages among HIV prevention providers can include formalized working relationships, such as collaborations, shared projects or events planning, shared facilities, cooperative working agreements, informal networking, shared outreach, interagency case conferencing, and community meetings.

HIV prevention providers are asked to work with clients who reflect a broad spectrum of the District's population, including African American, Latino, Caucasian, Caribbean and portions of the Asian and Pacific Islander populations; youth, adults and the generation of persons over fifty. In light of this, the HIV Prevention Community Planning Group (HPCPG) strongly encourages culturally and linguistically competent strategies for linking clients to appropriate resources.

This section contains the HPCPG recommendations for establishing and strengthening linkages to improve HIV prevention.

### **Linkages Between Primary and Secondary HIV Prevention Activities**

During 2003 and 2004, primary and secondary prevention services will continue to be linked through a series of activities, including:

- HAA will continue to fund prevention services by CBOs that also provide care and treatment services, as well as counseling and testing services by CBOs that also provide prevention, care and treatment services.
- In an effort to identify HIV-infected people earlier in the course of their infection, HAA and the STD Bureau will continue to provide HIV testing, and HAA will continue to fund CBOs to conduct outreach testing,
- HAA and the STD Bureau will continue to provide field-testing for HIV to partners of HIV-infected individuals, as part of Partner Counseling and Referral interventions, in order to identify HIV-infected people earlier in the course of their infection.
- Grant agreements with CBOs funded by HAA to provide prevention services will continue to require that sub-grantees make referrals to primary and secondary prevention services for all individuals reached through the interventions. Grantees are also required to track referrals for those individuals who participate in individual prevention counseling, prevention case management, and group-level interventions, to determine if clients access the services they are referred to.

- HIV Prevention staff will continue to participate in the Ryan White Planning Council activities, and Ryan White staff will continue to participate in CPG planning activities, in order to promote the bridge between primary prevention and secondary prevention.
- HAA's Prevention Division will continue to participate in the management team for Ryan White Care Act Title II, which has representation from Title I, ADAP, HOWPA, and Prevention.
- HAA will work collaboratively across the D. C. Department of Health's Health Promotion Cluster as well as inter-departmentally with the Women's Initiative where resources are used in a comprehensive approach to address the multiplicity of problems that many district women face on the premise that HIV disease cannot be addressed in isolation from the many other exigencies impacting women.
- HAA will work collaboratively with Project Orion, a collaborative with the Addictions Prevention and Recovery Administration targeting substance abusers, testing for HIV, and getting clients into counseling and appropriate treatment.
- HAA will continue the integration of education, prevention and treatment programs across as well as within agencies as a major thrust of our campaign to further reduce AIDS cases and the rates of new infections.

## **Referrals Between Primary and Secondary HIV Prevention Activities**

In 2002, the HPCPG and the Ryan White Planning Council are conducting a study to determine whether HIV prevention providers in the District are appropriately referring their HIV-positive clients to care and treatment services. In addition, the study seeks to determine whether care and treatment providers discuss sex and drug use risk reduction with their clients and make appropriate prevention referrals for clients who have risk-reduction needs. The study seeks to determine if there are barriers to cross-system referrals and, if so, develop and implement a plan to address those barriers.

The project will include the creation of a comprehensive guide to prevention and support services in the District in 2003. It will be a companion piece to the existing Ryan White Planning Council's guide to care and support services in the District.

**Objective 1:** By March 31, 2003 HAA, the CPG and the Planning Council will design a remediation strategy based on the findings of the study and develop an implementation plan.

**Objective 2:** By June 30, 2003 HAA will begin the implementation of the remediation plan to improve cross-system knowledge and referrals.

By December 31, 2003, HAA will develop a training program for all its funded HIV testing counselors in the District to improve knowledge of and linkages with other services. The training program will take place on a yearly basis. The training will include specific referral information and/or presentations by providers of other services. The service areas to be covered will include, but not be limited to STD services, tuberculosis-related services, support groups or other ongoing group sessions for special populations and substance abuse prevention and treatment programs.

## **Resource Guide**

In general, fewer resources are available for HIV-negative individuals compared with those living with HIV. In addition, HIV prevention providers may not be able to address the spectrum of needs of HIV-negative individuals, such as housing, economic needs, substance abuse treatment, mental health services unemployment and other issues that may impede safer behaviors.

**Objective 1:** By September 30, 2003, HAA will develop a comprehensive guide to programs and other resources that can provide support and assistance to individuals at risk for HIV and those who are already infected, to help them begin or maintain low risk behavior.

**Activities:** HAA will collect data on programs and services that can assist individuals to avoid the spread of HIV, create a resource guide to services related to HIV prevention in the District of Columbia, and distribute the guide to all providers of HIV prevention services in the District, as well as to providers of care and support services for people living with HIV/AIDS.

The guide will include information on HIV prevention programs, drug and substance abuse treatment programs, and on programs that provide services to help with mental health issues, homelessness, poverty, immigration, unemployment and other issues that may impede safer behaviors.

HAA staff will develop the guide, which will be updated yearly, with the assistance of sub-grantees that are developing their own referral lists in 2002. The guide will include information on programs and services, location of services, when the services are available, and contact names and telephone numbers. HAA will study the feasibility of setting up an Internet site to publish the information, to make it more accessible to the public.

**Objective 2:** Expand providers' familiarity with services and referral resources by December 2003.

## Information Sharing

All HIV prevention providers should be aware of all the services available, particularly those outside the HIV prevention community, including substance abuse treatment and mental health services. Providers are encouraged to engage in informal information sharing to build knowledge about referral resources and ensure that referrals are appropriate for clients (e.g., hold in-service trainings, provide appropriate training and orientation to new staff about referral resources, encourage line staff to attend meetings convened by the AIDS Office).

**Objective 1.** Starting January 1, 2003, HAA will continue to convene periodic meetings to provide opportunities for HIV prevention providers to learn about other prevention programs serving the same target populations, as well as other types of programs and services available for individuals at risk of HIV infection.

**Activities:** HAA's Program Monitors will coordinate and convene periodic networking meetings for the organizations they monitor.

By December 31, 2003, HAA will develop an on-line centralized calendar of HIV prevention events and provide information about upcoming opportunities for collaboration.

## Referral Tracking

**Objective 1:** HAA will develop a standardized and confidential referral tracking system to be used by all HAA-funded HIV prevention providers by June 30, 2003.

**Activities:** By March 30, 2003, HAA will convene a volunteer committee composed of HIV prevention providers and clients who will be tasked with the development of a standardized and confidential system to track referrals and outcomes.

The volunteer committee will request copies of referral systems established by HAA funded HIV prevention providers. The committee's final recommendations shall evidence a standardized and confidential system for tracking incoming and outgoing referrals as well as referral outcomes (e.g.,

whether and how the client accessed the service s/he was referred to). The committee's final plan shall also include a grievance procedure for agency noncompliance with the system.

HAA Project Monitors shall provide the agencies under their review with copies of the new standardized tracking forms that will be used and an explanation of the new system that will begin to be implemented by all HAA-funded providers no later than September 1, 2003.

HAA will evaluate the effectiveness of the new tracking system by organizing a meeting of providers by December 31, 2003 to obtain their feedback regarding successes or barriers to using the system, outcomes, grievances filed and/or confidentiality issues raised.

Beginning in 2003 and continuing through 2004, HAA will conduct semi-annual reviews of the referral tracking system in order to monitor its effectiveness.

### **Cross program training**

**Objective 1:** By June 30, 2003, HAA will develop and implement a program to provide training and information sharing activities with HIV prevention providers on substance abuse, mental health and other issues related to the risk of HIV infection.

**Activities:** Prevention providers will receive training on substance abuse, including training on stages of abuse and harm reduction models of care treatment; on mental health, including training on the relationship of mental health to HIV risks; and on sexuality and gender, including training on the intersection between gender roles, gender identity, sexuality, and HIV risks.

### **Linkages and Collaborations Among HIV and non-HIV Providers**

**Objective 1.** Promote the development of special interest coalitions among providers serving similar populations, by sponsoring monthly meetings of the special interest coalitions beginning in January 2003.

**Activities:** Beginning in January 2003 and continuing through December 2004, HAA will continue to host monthly meetings of HIV prevention providers that serve women and youth. In addition, HAA will host periodic meetings of providers serving Latinos, IDUs, the homeless, the incarcerated, immigrants, Asian Pacific Islanders, gay and bisexual men and the transgendered population. Non providers who are identified as potential collaborators and who serve the targeted populations will also be asked to participate.